



Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority A1

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No



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The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity:

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration Organization and Administration A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Wyoming Department of Health is the Single State Medicaid Agency. The Department is divided into the Public Health Division, Aging Division, Behavioral Health Division, the Director's office, and the Division of Healthcare Financing. The Public Health Division submits Presumptive Eligibility for pregnant women applications (the rules built into the eligibility system make



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PE determinations) and also completes LTIOL assessments which are mandatory for certain Medicaid programs. The Aging Division manages several programs for the elderly, some of which are funded by Medicaid dollars. The Behavioral Health Division assesses clinical eligibility for Wyoming's Developmental Disabilities, Acquired Brain Injury and Children's Mental Health waiver programs. The Director's Office is responsible for oversight of all activities of the Department of Health including the management of the Medicaid budget, with the assistance of Fiscal Service staff. The Division of Healthcare Financing (DHCF) provides oversight and accountability for the management and operation of the Medicaid and CHIP programs. The Medicaid Program encompasses Medicaid Waiver, Provider Policy and Reimbursement, Program Integrity, the Medicaid Medical Officer, the Medicaid Dental Officer, Systems and Eligibility and Kid Care CHIP. All of these sections are under the oversight of the State Medicaid Agent/Senior Administrator for the Division of Healthcare Financing. The Medicaid Dental Officer, reports to the Public Health Division administrator but is available to Medicaid and CHIP staff for dental-related questions. The Medicaid Waiver section oversees the Assisted Living Facility and the Home and Community Based waivers and coordinates with the Behavioral Health Division on waivers managed by that Division. The Provider Policy and Reimbursement section works with Medicaid providers regarding payment rates, claims, training and pharmacy issues. Program Integrity ensures Medicaid payments are billed and paid appropriately. The Medicaid Medical Officer provides clinical advice and oversight for Medicaid programs, the Medicaid Dental Officer provides dental clinical advice and oversight for Medicaid programs, the Systems and Eligibility administrator oversees eligibility for Medicaid and CHIP programs, including the Customer Service Center, and also oversees the Eligibility system and its coordination with the MMIS. The Kid Care CHIP director manages CHIP eligibility, policy and the CHIP contract with the insurance vendor. Eligibility determinations are made by DHCF staff with the use of Wyoming's Medicaid eligibility system, if inconsistencies need to be resolved or additional information is necessary to make a determination, DHCF staff will manually intervene. All administrative hearings are conducted by the Wyoming Office of Administrative Hearings (OAH). Appellants may also receive an informal hearing at the single state agency, if they chose, prior to an administrative hearing being conducted. OAH is a separate state agency from the State Medicaid Agency that is independent of the policy functions of the Medicaid Program. DHCF staff refers appeals to OAH and provides supporting evidence for the decision that is being appealed. OAH issues a recommended decision which is then passed to the Director of the Wyoming Department of Health for a final decision. An Administrative Law Judge at OAH issues a recommended decision after the administrative hearing. State Medicaid Agency staff provides input on case details and program policy prior to and during the hearing. Throughout this process, the State Medicaid Agency retains oversight of the State Plan and monitors the appeals process, including the quality and accuracy of the decision rendered by OAH. The Director of the Department of Health reviews the OAH decisions for both conclusions of law and findings of fact and then issues a final decision on the administrative hearing. The Director considers all documentation and evidence submitted in order to issue the final decision. The applicant/beneficiary has the opportunity to request a de novo review at the Department of Health/Medicaid agency. The applicant/beneficiary also has the opportunity to appeal the final decision resulting from the administrative hearing through District Court.

Upload an organizational chart of the Medicaid agency.



Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

In addition to the Division of Healthcare Financing, the Wyoming Department of Health also administers State Healthcare Facilities, public health programs, behavioral health programs, and vital statistics for the State of Wyoming. The Wyoming Department of Family Services administers the State's SNAP, LIEAP, Child Care, and TANF programs. As the state agencies that administer the majority of Wyoming's public assistance programs, the Department of Health and Department of Family Services coordinate efforts and have regular scheduled meetings on the topic of service delivery. All Medicaid administrative hearings are conducted by the Office of Administrative Hearings (OAH).

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)



Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands



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- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally-Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package – functions that will be performed by the single state agency.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

OMEA will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology and who applied for health coverage through the FFM.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes
- No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes



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Other

Are all of the local subdivisions indicated above used to administer the state plan?

Yes No

State Plan Administration Assurances

A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.